

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5613

BIRTH NO. _____		REG. DIST. NO. 241		PRIMARY REG. DIST. NO. 4360		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		72 b	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle)		c. (Last) <u>Davis</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>3</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>unknown</u>	
9. AGE (In years last birthday) <u>unknown</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Kenston, North Carolina</u>				12. COUNTRY OF WHAT COUNTRY? <u>U.S</u>			
13a. FATHER'S NAME <u>Matthew Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Zack Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Sneed Portageville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Coronary occlusion</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>1/201</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Portageville New Madrid Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>3 Mar 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3 Mar 1949</u> , to <u>3 Mar 1949</u> , that I last saw the deceased <u>dead</u> on <u>3 Mar 1949</u> , and that death occurred at <u>4 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas Painter Jr. M.D.</u>		23b. ADDRESS <u>Portageville, Mo.</u>		23c. DATE SIGNED <u>11 Mar 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Colored</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 11, 1949</u>		REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>De Lisle Funeral Parlor Portageville Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 349-313

Date Filed 3-14-19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

Licensed Embalmer No. 4481

P. O. Address Portageville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.